



**TENNESSEE  
BOARD OF PHARMACY  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1149  
(615) 741-2718 OR FAX (615) 741-2722  
[www.state.tn.us/commerce/boards/pharmacy](http://www.state.tn.us/commerce/boards/pharmacy)**

**COMPLAINT**

DATE FILED

\_\_\_\_\_

\_\_\_\_\_  
(Your Name)

\_\_\_\_\_  
(Pharmacy or Pharmacist Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(Telephone Number)

Have you consulted with an attorney?

YES ☐

NO ☐

If YES, Please provide the following:

NAME OF ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street Address)

(City, State, Zip)

PHONE NUMBER \_\_\_\_\_

Are you licensed by this State Board?

YES ☐

NO ☐

If Yes, give license number \_\_\_\_\_

COMPLAINANT SIGNATURE \_\_\_\_\_

## **BASIS FOR YOUR COMPLAINT**

(Give a complete statement of facts, with dates. Additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies for your records.)

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